Texas House of Representatives
House Committee on Insurance

Sept. 8, 2020

VIA ELECTRONIC MAIL to Sergio.Cavazos_HC@house.texas.gov

Sergio Cavazos
Committee Clerk
Texas House of Representatives
House Committee on Insurance

Re: House Insurance Committee Interim Charge Request for Information on COVID-19 Pandemic Questions

Dear Chairman Lucio and members of the House Committee on Insurance,

On behalf of our combined more than 53,000 Texas physician and medical student members, the Texas Medical Association (TMA) and the undersigned medical associations (collectively, the "Associations") respectfully submit this written testimony on the committee's request for information related to the COVID-19 pandemic. For the committee's convenience, each COVID-19 question begins on a separate page.

Charge

1. How prevalent is price gouging related to COVID-19 testing? What are state agencies doing in order to monitor price gouging associated with COVID-19 testing?

Association Comments

While the Associations do not have information specific to the prevalence of price gouging for COVID-19 testing in the state of Texas, we certainly can state that we oppose price gouging. Additionally, we offer the committee the following general information regarding existing protections from price gouging.

As noted in our testimony on Question No. 2 related to COVID-19 surprise billing, the federal government has put into place protections for consumers related to COVID-19 testing. Texas Department of Insurance Commissioner's (TDI's) Bulletin No. B-0017-20, issued on April 1, 2020, summarizes some of those protections as follows:

> The Families First Coronavirus Response Act (H.R. 6201), which went into effect March 18, 2020, requires coverage for the cost of administering COVID-19 testing and related office visits to health-care providers. Testing costs must be covered without imposing any cost-sharing, including deductibles, coinsurance, or copayment requirements. Testing coverage is required regardless of whether the services are provided during an in-person office visit with a health-care provider, a telehealth visit, an urgent care center visit, or an emergency room visit.
>
> On March 27, President Trump signed an emergency aid package known as the Coronavirus Aid, Relief, and Economic Securities Act or CARES Act (H.R. 748), which reinforces the goal of making COVID-19 testing free to Americans. Under the CARES Act, coverage should be provided with no cost-sharing, regardless of the network status of the provider or lab and regardless of whether the testing is done on an emergency basis. The CARES Act instructs health plans to pay a provider's negotiated rate or, if a health plan does not have a negotiated rate with the provider, pay the provider's publicly available cash price for testing.

The above-referenced provision of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (along with certain provisions for uninsured patients) protects consumers in multiple ways related to COVID-19 testing. However, if concerns remain regarding price gouging related to the COVID-19 pandemic, we note there are other consumer protections currently available under state law.

Attorney General Authority Related to Price Gouging

First, as noted in the TDI guidance titled "How to Avoid Extra COVID-19 Testing Charges," if a consumer believes he or she has been charged excessively, the consumer may contact the Office of the Texas Attorney General (AG).

The Texas attorney general has authority to prosecute price gouging under §17.46(b) of the Texas Deceptive Trade Practices-Consumer Protection Act after a disaster declared by the governor or the president. To help consumers understand what the attorney general's authority entails, the attorney general posted a helpful resource online titled "How to Spot and Report Price Gouging." More specifically, the article states as follows:

> Price gouging is illegal, and the Office of the Attorney General has authority to prosecute any business that engages in price gouging after a disaster has been declared by the governor or president. The attorney general has issued stern warnings about price gouging to businesses in times of disaster, but you should still be on your guard.
>
> §17.46(b) of the Texas Deceptive Trade Practices-Consumer Protection Act provides that it is a false, misleading or deceptive act or practice to take advantage of a disaster declared by the Governor under Chapter 418, Government Code, or the President by:
>
> 1. Selling or leasing fuel, food, medicine, lodging, building materials, construction tools, or another necessity at an exorbitant or excessive price;
> **or**
> 2. Demanding an exorbitant or excessive price in connection with the sale or lease of fuel, food, medicine, lodging, building materials, construction tools, or another necessity.
>
> Please note that high prices alone do not mean that price gouging has taken place, as businesses are generally allowed to determine the prices for their products. However, if a disaster has been declared by the Governor of Texas or the President, and businesses raise the price of their products to exorbitant or excessive rates to take advantage of the disaster declaration, then it is quite likely that price gouging is taking place, and you should file a complaint with our office concerning the incident.
>
> File a Consumer Complaint with our office to report a suspected price gouging incident.

Texas Freestanding Emergency Facility Laws on Pricing

Additionally, last legislative session, Texas passed House Bill 1941, which provides that, for purposes of the Deceptive Trade Practices-Consumer Protection Act, a freestanding emergency medical care facility providing emergency care at an unconscionable price or demanding or charging an unconscionable price for emergency or other care at the facility constitutes a false, misleading, or deceptive act or practice. The bill provides a particular threshold for determining the minimum price that is actionable by the consumer protection division of the AG's office.[1]

Other Billing Protections

1. Improper Billing Law

[1] See also, other freestanding ER laws related to fees and disclosures in Tex. Health & Safety Code §§ 254.155 - .156.

Additionally, there are a couple more general provisions that may triggered by for improper billing related to COVID-19 testing, which apply to health care professionals and providers other than freestanding emergency medical care facilities. Under Texas Occupations Code §101.203, "[a] health care professional may not violate Section 311.0025, Health and Safety Code." Section 311.0025 of the Health and Safety Code prohibits a hospital, treatment facility, mental health facility, or health care professional from submitting to a patient or a third party a bill for treatment that the hospital, facility, or professional knows was not provided or knows was improper, unreasonable, or medically or clinically unnecessary.

2. Texas' Law on Price Discrimination

There is a provision in state insurance law that prohibits price "discrimination" against insurance companies. See Tex. Ins. Code §552.001 *et seq.* This means that, absent a statutory exception, a physician or provider cannot give a cash-paying customer one price while charging another *higher* price to insurers for the same service.

3. Nongovernmental Protections

Finally, market forces should also provide some protection from price gouging. TMA's COVID-19 Practice Viability Survey of Texas Physicians states that 63% of responding physicians reported their revenue had decreased by 51% to 100% during the pandemic. It is likely that physician practices, as well as other providers, will need to contract with insurers to maintain economically viable practices and will want to establish goodwill.

Association Comments on America's Health Insurance Plans (AHIP) Survey On COVID-19 Testing Price Gouging

Recently the America's Health Insurance Plans (AHIP) released a survey highlight report on COVID-19 testing price gouging. The Associations have multiple concerns about the presentation of data and lack of transparency regarding methodology used.

1. Survey Methodology

Of highest concern is the fact that the survey instrument has not been made available. Thus, it is impossible to critically appraise the survey design or flow to identify if care was taken to reduce response and non-response bias. Regarding possible nonresponse bias, it is not clear if invitees were incentivized to participate in the survey.

While the document does generally mention to whom the survey was directed, it fails to mention the total number of invitees making it impossible to determine a response rate. AHIP reports that the survey was deployed in July but does not indicate for how long it was deployed. This can affect response rates. The report also noted that responses were weighted by enrollment. However, using that as the only weighting variable could potentially increase bias.

2. *Reported Data Highlights*

It is unclear what percent of all commercial enrollment plans nationwide are represented by the surveyed AHIP members. AHIP reported that less than 10% of respondents stated they experienced "extreme" pricing (greater than $390) for out-of-network Covid-19 testing. AHIP did not reveal what part of the country was affected by these data. Does the data represent high cost of living areas such as New York City, Washington DC, Los Angeles, or San Francisco? Additionally, were these tests rendered in an out-

of-network hospital or at an-out of-network physician practice? Obviously, the cost of delivering tests are greater in a hospital setting than in a physician practice setting.

Additionally, one should question how AHIP defines the term "plan." AHIP did not define this term and it often has various connotations based on the setting in which the term is used. Does the term "plan" refer to a particular payor? Does this payor have a significant market share in a small geographic area of the country? Does this payor only have market share in the northeast where cost of living is higher and is significantly more affected by the COVID-19 pandemic? Does the term mean a specific plan such as a PPO plan, HMO plan, or high deductible plan? This also can affect how results are reported. If the network is very narrow, the payor could experience what it considers to be extreme pricing or price gouging for that plan.

In conclusion, the Associations appreciate AHIP's desire to survey its members and publish the data. However, due to the lack of transparency, the Associations have serious concerns about the survey methodology and potential skewing the data.

The Associations reiterate that we certainly do not support price gouging. But before the Committee considers acting to address an alleged issue with COVID-19 testing price gouging, we strongly recommend that the Committee : (1) make sure it has accurate, transparent and verifiable data; (2) understands the scope and who the actors are; and (3) evaluates the effectiveness of current measures and protections in place. It is important for the Committee to remember that not all price variations or higher pricing constitutes price gouging.

Charge

2. What steps are being taken to prevent surprise medical billing associated with COVID-19 treatment? What steps can consumers taken in order to avoid these surprise medical bills?

Association Comments

The Associations certainly understand the committee's interest in the topic of surprise medical billing related to COVID-19, as the patients and physicians of Texas, as well as the rest of the nation, continue to face treatment challenges associated with the COVID-19 pandemic. Much like our state and national medical association counterparts, the Associations recognize there are valid reasons to be concerned about the financial impact of out-of-network COVID-19 treatment on patients and their physicians.[2] During the COVID-19 pandemic, patients who are enrolled in health plans with strained or inadequate networks may, out of necessity, receive care out of network or in treatment settings outside of their coverage.[3]

However, as the committee examines patient protections related to COVID-19 surprise medical billing, the Associations urge the committee to avoid shifting costs from health benefit plan issuers to Texas' patients and physicians (both of whom are facing strained resources as they battle the virus).

According to TMA's COVID-19 Practice Viability Survey of Texas Physicians, 63% of physician respondents reported their revenue had decreased 51% to 100% during the pandemic. Additionally, the majority of responding Texas physicians reported that due to cash flow concerns they applied for a small business administrative loan (64%) and/or reduced physician compensation or benefits (63%). Further, 45% accepted U.S. Department of Health and Human Services stimulus funds, 43% drew from personal funds, and 33% applied for other forms of financial assistance.

What Steps Are Being Taken to Prevent Surprise Medical Billing Associated With COVID-19 Treatment?

The committee's Question No. 2 contains two separate questions. First, the committee specifically asks what steps are being taken to prevent surprise medical billing associated with COVID-19 treatment. The response to that question is that steps are being taken at both the national and the state level.

1. Federal Actions Related to COVID-19 and Surprise Billing

As the committee may be aware, given the widespread impact of COVID-19 nationally, the federal government has already put in place two protections for *insured* patients related to surprise billing for COVID-19 treatment (discussed below, as well as protections for *uninsured patients*, as discussed in the footnote).[4] Both protections for insured patients stem from the CARES Act. However, these two protections represent very different approaches to addressing surprise billing.

A. The CARES Act and Provider Relief Fund Terms and Conditions

The first federal protection to surprise billing is a protection tied to the CARES Act Provider Relief Fund. As the committee may know, the CARES Act allows for distribution of a total of $50 billion in funds through the Provider Relief Fund payments (with an initial distribution of $30 billion and a second

[2] American Medical Association. Issue brief: Balance billing for COVID-19 testing and care – federal and state restrictions.

[3] *Id.*

[4] Note that the federal government has also put in place balance billing provisions related to the uninsured under the CARES Act and Uninsured Relief Fund Payments. For more information, see AMA issue brief, FN1.

distribution of $20 billion).[5] These funds were distributed to certain Medicare fee-for-service physicians and providers for the purpose of "prevent[ing], prepar[ing] for, and respond[ing] to coronavirus."[6] Receipt of these funds was conditioned upon physicians and providers agreeing to certain terms and conditions established by the U.S. Department of Health and Human Services. Among those terms and conditions was the following language:

> The Secretary has concluded that the COVID-19 public health emergency has caused many healthcare providers to have capacity constraints. As a result, patients that would ordinarily be able to choose to receive all care from in-network healthcare providers may no longer be able to receive such care in-network. Accordingly, for all care for a presumptive or actual case of COVID-19, Recipient certifies that it will not seek to collect from the patient out-of-pocket expenses in an amount greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network Recipient.[7]

This language acts as a prohibition on balance billing for COVID-19 care (effectively cost shifting from health plans to the physicians and providers).

B. Families First Coronavirus Response Act and CARES Act Provisions on COVID-19 Testing

Taking a different approach from the Provider Relief Fund terms and conditions, the Families First Coronavirus Response Act and CARES Act also work together to provide protection from "surprise" or balance billing in the context of COVID-19 testing without shifting costs from the health plan to the patient or physician. The following excerpt from TDI Commissioner's Bulletin No. B-0017-20, issued on April 1, 2020, summarizes the relevant provisions of these two acts:

> The Families First Coronavirus Response Act (H.R. 6201), which went into effect March 18, 2020, requires coverage for the cost of administering COVID-19 testing and related office visits to health-care providers. Testing costs must be covered without imposing any cost-sharing, including deductibles, coinsurance, or copayment requirements. Testing coverage is required regardless of whether the services are provided during an in-person office visit with a health-care provider, a telehealth visit, an urgent care center visit, or an emergency room visit.
>
> On March 27, President Trump signed an emergency aid package known as the Coronavirus Aid, Relief, and Economic Securities Act or CARES Act (H.R. 748), which reinforces the goal of making COVID-19 testing free to Americans. Under the CARES Act, coverage should be provided with no cost-sharing, regardless of the network status of the provider or lab and regardless of whether the testing is done on an emergency basis. The CARES Act instructs health plans to pay a provider's negotiated rate or, if a health plan does not have a negotiated rate with the provider, pay the provider's publicly available cash price for testing.

[5] *See* U.S. Department of Health and Human Services. CARES Act Provider Relief Fund General Information.
[6] *See* U.S. Department of Health and Human Services. Provider Relief Funds Terms and Conditions.
[7] *Id.*

This provision of the CARES Act also serves as a balance billing protection.[8]

2. State of Texas Actions Related to COVID-19 and Surprise Billing

A. TDI Bulletin No. B-0017-20

As additional steps taken by the state of Texas to reinforce the above-referenced federal COVID-19 testing payment provisions, the TDI commissioner issued Bulletin No. B-0017-20 to convey its compliance expectations for insurers offering exclusive provider organizations (EPOs) and health maintenance organizations (HMOs). In that bulletin, TDI included the following additional guidance to EPOs and HMOs concerning its network adequacy expectations:

> As the market experiences changes in the availability of providers who are able to conduct COVID-19 testing and other medical services, TDI expects EPOs and HMOs to monitor and verify that their provider networks are adequate to handle increased demand and minimize the need for services outside the network. When a network provider is not reasonably available, carriers must ensure that the consumer is protected, as contemplated by the CARES Act and by Texas's laws.[9]

B. SB 1264 (86th Texas Legislature)

In addition to the above-referenced TDI bulletin, it is important to remember that Texas passed its own surprise billing law last session (i.e., SB 1264).[10] That important piece of legislation went into effect on Jan. 1, 2020. Thus, its prohibition on balance billing has applied to enrollees of state-regulated health plans (preferred provider organizations [PPOs], EPOs, and HMOs) and the Teacher Retirement System or Texas (TRS) and Employees Retirement System of Texas (ERS) receiving covered services subject to SB 1264 throughout the COVID-19 pandemic. SB 1264, of course, will continue in effect after the pandemic as well.

C. TDI Telemedicine Emergency Rules

As another measure to help patients receive care during COVID-19 while mitigating the spread of the virus, TDI also issued emergency rules (i.e., 28 TAC §35.1) regarding "telemedicine coverage and payment parity (i.e., to require state-regulated health insurers and HMOs to:

- Pay in-network health professionals at least the same rate for telemedicine services as for in-person services, including covered mental health service;
- Cover telemedicine services using any platform permitted by state law; and
- Not require more documentation for telemedicine services than they require for in-person services.)"[11]

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[8] For the Trump Administration's (DOL, HHS, and DOT) perspective on the impact of these two provisions, see Question 9, FAQs About Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation Part.

[9] TDI Commissioner Bulletin No. B-0017-20.

[10] For more information, see TMA SB 1264 summary.

[11] Note that we have not advocated for modification of existing requirements in Tex. Occ. Code §111.005(a)-(b) outside the context of the COVID-19 pandemic. Thus, establishment of a valid practitioner-patient relationship for prescribing purposes under Tex. Occ. Code §111.005(a)(3)(B) – when not otherwise suspended due to

These TDI emergency rules have been beneficial from an overall care delivery standpoint (not just in the context of surprise billing); however, in the context of surprise billing during COVID-19, they should also help by (1) increasing access to in-network care and (2) helping to avoid trips to the emergency department (where one may be unable to select an in-network physician or provider). Thus, we strongly recommend that the committee take steps to make these TDI emergency rules permanent through legislation.

D. Network Adequacy

Finally, it is important to note that surprise billing only occurs when care is provided out of network. Thus, network adequacy protections are critical to preventing and addressing surprise billing for any health care, including COVID-19 care. While Texas already has in place network adequacy regulations for PPOs, HMOs, and EPOs, the Associations strongly recommend bolstering existing regulations. More specifically, the Associations recommend:

- Requiring PPOs (in addition to HMOs and EPOs) to verify their network's ability to handle COVID-19 increases;
- Requiring TDI to adopt rules to increase the health benefit plans' network adequacy requirements in order to meet the increased demand of COVID-19;
- Encouraging TDI to use its existing statutory authority to conduct network adequacy examinations during COVID-19; and
- Prohibiting health benefit plan issuers from terminating network physicians and providers "unless fraud or patient harm are indicated or the provider is identified by the Office of the Inspector General for the U.S. Department of Health and Human Services as excluded from participation in federal health care benefit programs," similar to actions taken in Rhode Island.[12]

What Steps Consumers Can Take in Order to Avoid these Surprise Medical Bills?

The next question the Committee asks is what steps consumers can take to avoid these surprise medical bills. Among the steps that consumers can take to avoid these surprise medical bills are the following:

- Seek care in network when possible (as surprise medical bills only occur when going out of network);
- Review physician and provider network directories when seeking care to aid in determining a particular physician's or provider's network status;
- Due to inaccuracies in provider directories, confirm network status with the consumer's health benefit plan issuer and physician or provider prior to choosing a physician or provider;
- Know whether SB 1264 applies to the consumer's out-of-network care (i.e., check to see if the consumer is in a state-regulated plan – look for "TDI" or "DOI" on the card or know if the consumer part of an ERS or TRS plan) and know whether the covered services received are subject to SB 1264;
- Discuss the patient's responsibility with the physician or provider;.
- Educate oneself with regard to federal laws on surprise billing (referenced above); and
- Be aware of the following excerpt from TDI guidance on COVID-19 testing charges:

COVID-19 – would still require additional elements in addition to synchronous audio interaction. We believe these other requirements are appropriate outside of the pandemic context.

[12] Office of the Health Insurance Commissioner of the State of Rhode Island, House Insurance bulletin 2020-02.

"To reduce your chances of facing extra costs:

- Call your primary care doctor before getting tested. Get your doctor's testing order and recommended testing site … .
- Ask the testing site if it has any charges or fees not covered by insurance.
- Do not authorize non-COVID tests at the same time unless your doctor orders them.
- Unless it's a medical emergency, avoid hospital or free-standing emergency rooms, which usually charge more.
- If you aren't paying with insurance, shop around on the web or by phone to compare testing charges and possible add-on fees."[13]

Again, the Associations thank you for the opportunity to provide this written testimony. Should the committee want more information on this topic, we would be happy to assist.

[13] *See* Texas Department of Insurance. How to Avoid Extra COVID-10 Testing Charges.

Charge

3. How many business interruption claims have been filed during the COVID-19 pandemic? Did policyholders report issues with being unaware of pandemic-related exceptions to coverage under these policies?

Association Comments

Numerous business interruption insurance claims have been filed by physicians and other business entities relating to the COVID-19 pandemic. Law360 reported on Aug. 12, 2020, that there were 450 cases across the United States. As attorney Chris Kridel of San Antonio opined,

> One would think that Business Interruption Insurance would provide coverage for business interruption. *It's in the name after all*. That's why you pay your premiums, *right*? However, many of our medical clients have found that their insurance companies don't agree with this simple, logical, and rightful premise in regard to the coronavirus pandemic.

Prior to the COVID-19 pandemic, but as a result of threats posed by viruses and infections in the past 20 years, insurers have been rewriting their policy coverages in an attempt to exclude coverage for pandemics (without any corresponding reductions in premiums).

As a result of severe acute respiratory syndrome (SARS) issues and claims, starting around 2006, property and casualty insurers sought approval from state regulatory agencies to exclude viruses and other disease-causing agents from their property and casualty insurance policies. A good summary of efforts by insurers to make it easier to exclude coverage for pandemics is contained in the article "Here we go again: Virus exclusion for COVID-19 and insurers," by R. Lewis, J. Ellison, and L. Debevec, found on Property Casualty360, April 7, 2020.

At least two separate groups of policyholder plaintiffs are seeking centralization of business interruption cases in federal court against numerous insurers. One is in the Northern District of Illinois and the other in the Eastern District of Pennsylvania. To date, these appear to face numerous roadblocks:

> The heated debate culminated in a **90-minute hearing** before the JPML [Judicial Panel on Multidistrict Litigation] on July 30 that featured arguments by 15 attorneys. During the session, attorneys for the petitioners and other supporters of centralization identified common fact issues across the hundreds of pending cases, including whether government closure orders trigger coverage, what satisfies business interruption policies' standard requirement of 'direct physical loss or damage' to property, and whether any exclusions – particularly those for virus-related losses –- apply.
>
> The JPML, however, was unconvinced that the cases would share enough common issues to justify an industrywide MDL [multidistrict litigation], saying in Wednesday's order that the three core questions identified by attorneys at the hearing 'share only a superficial commonality.' The panel pointed out that each case targets only a single insurer or insurance group, and the cases involve 'different insurance policies with different coverages, conditions, exclusions, and policy language, purchased by different businesses in different industries located in different states.
>
> *Excerpt from "JPML Won't Centralize All COVID-9 Insurance Cases," Law360, J. Sistruck, Aug. 12, 2020.*

As a result, there is movement to organize plaintiffs in cases against single insurers, rather than combining multiple insurers in the same lawsuit.

Many attorneys are advising their clients that in spite of the position of insurers that business interruption insurance does not cover viruses, a good-faith claim should be filed if there is a loss attributed to the virus or to restricted use of property due to government edicts. By doing so, insureds preserve the ability to pursue claims later is they so choose.

When a claim is filed, the claimant should not be surprised that it is denied. Attorney Kridel has this to say about his clients' experiences.

> There is not much in the way of established case law surrounding the specific issues of property damage, civil authority, and virus exclusions in the context of a pandemic. There are many declaratory actions being filed throughout our country in the courts, including in Texas, seeking to establish law surrounding these issues. While these cases are working their way through our legal system, it is important to properly position yourself, should your claim be initially denied but ultimately deemed eligible for coverage under these policies.

There is concern about the misinformation spewing from insurers, their defense counsel, and brokers to discourage business interruption claims from being filed. Physicians reportedly have been discouraged from filing claims and instead have been encouraged to apply for federal Paycheck Protection Program loans to cover their business losses resulting from the pandemic.

To address the misinformation campaign, TMA published an article in *Texas Medicine* in July 2020 to provide accurate information for physicians regarding filing a business interruption claim during the pandemic. The Associations continue to monitor the situation. We anticipate that litigation will be needed to test the validity of efforts by insurers to exclude pandemics from property and casualty business interruption insurance claims.

Once again, the Associations thank the committee for its time and consideration of this written testimony.

Charge

4. What is the anticipated impact of the COVID-19 pandemic on health insurance premiums and the health insurance market moving forward?

Association Comments

COVID-19 has had an outsized impact on the health care economy. Significant care has been delayed thereby negatively impacting the financial stability of physician practices and hospitals. While COVID-19 care has been reported to be very expensive, it has not had the same impact on commercial payers. Payers, such as UnitedHealthcare and Anthem Blue Cross and Blue Shield, have significantly increased their earnings. Anthem's 2020 second quarter (Q2) operating gains more than doubled year over year.[14] UnitedHealthcare's 2020 Q2 earnings almost doubled over the same period the prior year.[15] Payers helped patients by waiving patient costs associated COVID-19 and some, such as Anthem, deployed assistance to physicians and food banks.[16] Yet, these payers significantly increased their earnings.

While payers are expected to set premium rates according to their expected costs for the future period, COVID-19 must affect these forecasts. To diversify America's supply chain, lawmakers aim to manufacture medical supplies domestically. While this may protect access to these supplies, they will also dramatically increase health care costs. Because patients delayed care in 2020, there will be pent-up demand for care in 2021. This along with COVID care and COVID vaccine costs could also increase health care costs. These increases could be passed onto patients with increased premiums and/or cost share.

The Associations strongly urge the House Committee on Insurance to keep a close eye on premiums to ensure all Texas have affordable health care coverage and the health insurance markets have adequate networks of participating physicians and health care providers. The Associations will closely monitor these changes over the next few years and look forward to working further with the House Committee on Insurance on these important issues.

The Associations, once again, thank the committee for its time and consideration of these written comments.

Sincerely,

Diana L. Fite
President, Texas Medical Association

[14] *See* Anthem's Q2 report, July 2020.
[15] *See* UnitedHealth Group's Q2 performance report, July 2020.
[16] *Id.* at FN 13.

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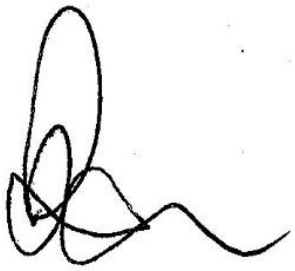

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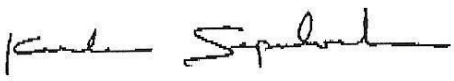

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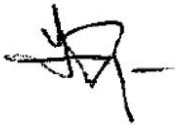

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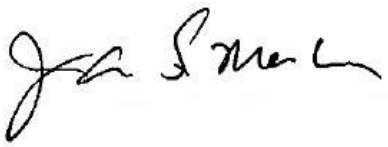

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